CHAPTER 6
SECTION 1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME:	RECORD TYPE INDICATOR (2-001)		
VALIDITY EDITS			
2-001-01	MUST BE = '2'.		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
0-025-02R	BATCH IDENTIFIER		
	TYPE OF SUBMISSION	SEE BELOW	RECORD TYPE INDICATOR
EDITED ELEMENT RELATIONSHIP			
2-001-03R	IF RECORD TYPE INDICATOR = '2' AND		
	AND TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	CANCELLATION
		B	ADJUSTMENT TO NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA

AND A MATCH IS FOUND ON THE HCSR DATABASE (BASED ON HCSR INDICATOR), THEN THE RECORD TYPE INDICATOR FOR THE HCSR ON THE DATABASE MUST BE EQUAL TO THE RECORD TYPE INDICATOR ON THE ADJUSTMENT/CANCELLATION HCSR BEING SUBMITTED. THIS IS TRUE FOR 'MATCHES' TO ALL 'NET' HCSRS ON THE DATABASE, INCLUDING FRAGMENTED RECORDS SUCH AS A TYPE OF SUBMISSION 'B' MATCHING TO A PRIOR 'B'.

ELEMENT NAME:	HEALTH CARE SERVICES RECORD INDICATOR (2-005)		
VALIDITY EDITS			
	GROUP ELEMENT		
RELATIONAL EDITS			
	RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-175-02R THROUGH 2-175-06R	TYPE OF SUBMISSION		FILING DATE, TYPE OF NET RECORD ON PREVIOUS HCSR ON DATABASE, AMOUNT PAID BY GOVERNMENT CONTRACTOR

ELEMENT NAME: FILING DATE (2-015)		
VALIDITY EDITS		
2-015-01 MUST BE A VALID JULIAN DATE		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-015-02R DATE HCSR PROCESSED TO COMPLETION	$\leq$	
2-040-04R DATE ADJUSTMENT IDENTIFIED		TYPE OF SUBMISSION
2-315-03R END DATE OF CARE		
2-310-03R BEGIN DATE OF CARE		
OVERRIDE CODE	SEE BELOW	BEGIN AND END DATE OF CARE
EDITED ELEMENT RELATIONSHIP		

2-015-03R   IF BEGIN DATE OF CARE $\geq$ 01/01/94
    IF FIING DATE > END DATE OF CARE PLUS ONE YEAR
    ONE OVERRIDE CODE MUST = 'F'
ELSE
FILING DATE MUST BE LESS THAN OR EQUAL TO THE LAST DAY OF THE YEAR
FOLLOWING THE YEAR IN WHICH CARE WAS RECEIVED (BASED ON BEGIN DATE OF
CARE)
WHEN: NO OCCURRENCE OF OVERRIDE CODE IF CLAIM FILED AFTER DEADLINE (F).

2-015-04R   FILING DATE MUST BE LESS THAN THE EARLIEST BEGIN DATE OF CARE PLUS SIX YEARS
WHEN ANY OCCURRENCE OF 'F' (CLAIM FILED AFTER DEADLINE).

ELEMENT NAME: FILING STATE/COUNTRY (2-016)		
VALIDITY EDITS		
2-016-01 MUST BE A VALID STATE/COUNTRY CODE.		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
SPECIAL PROCESSING CODE	SEE BELOW	
CONTRACTOR NUMBER	SEE BELOW	CONTRACT NUMBER[1]
NOTE: FOR A LIST OF CODES SEE CHAPTER 2, ADDENDUM A AND ADDENDUM B.		
EDITED ELEMENT RELATIONSHIP		

2-016-04R   FILING STATE MUST BE AUTHORIZED FOR THIS CONTRACTOR
    AND
        CONTRACT ON THE CONTRACTOR DATABASE

    UNLESS
        THE PATIENT ZIP CODE IS IN THE BERGSTROM AIR FORCE BASE

[1] **BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.**

ELEMENT NAME:	FILING STATE/COUNTRY (2-016) (CONTINUED)		

	OR LUKE/WILLIAMS AIR FORCE BASE CATCHMENT AREAS		
	OR SPECIAL PROCESSING CODE =	I	BERGSTROM AFB CATCHMENT AREA **OR**
		J	LUKE/WILLIAMS AFB CATCHMENT AREA
	OR CONTRACTOR NUMBER =	03	MANAGED CARE SUPPORT - REGION 3/4 **OR**
		06	MANAGED CARE SUPPORT - REGION 6 **OR**
		07	MANAGED CARE SUPPORT - CENTRAL REGION **OR**
		11	MANAGED CARE SUPPORT - REGION 11 **OR**
		25	MANAGED CARE SUPPORT - REGION 2/5 **OR**
		26	MANAGED CARE SUPPORT - REGION 1 **OR**
		53	FOUNDATION HEALTH FEDERAL SERVICES (CRI) **OR**
		57	NEW ORLEANS COORDINATED CARE PROGRAM **OR**
		59	AETNA GOVERNMENT HEALTH PLANS, INC. **OR**
		60	MANAGED CARE SUPPORT REGION 9, 10, 12 **OR**
		72	MANAGED CARE SUPPORT - FHC OPTIONS
	OR ENROLLMENT STATUS =	T	MANAGED CARE SUPPORT STANDARD PROGRAM
		U	MANAGED CARE SUPPORT PRIME, CIVILIAN PCM
		V	MANAGED CARE SUPPORT EXTRA
		Z	MANAGED CARE SUPPORT PRIME, MTF/PCM

IN WHICH CASE, THE CHECK OF THE FILING STATE AGAINST THE CONTRACTOR'S DATABASE WILL BE BYPASSED.

[1] **BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.**

ELEMENT NAME:	SEQUENCE NUMBER (2-020)

VALIDITY EDITS

2-020-01   MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS.

NOTE: CANNOT BE SPACES OR SPECIAL CHARACTERS.

RELATIONAL EDITS		

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
NONE		

ELEMENT NAME:	TIME (2-021)	
VALIDITY EDITS		
2-021-01	MUST BE NUMERIC.	
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-021-02R TIME MUST BE GREATER THAN '0' WHEN: HCSR FILING DATE IS EQUAL TO OR GREATER THAN 2-1-95		

ELEMENT NAME:	HCSR SUFFIX (2-025)	
VALIDITY EDITS		
2-025-01	MUST BE A NON-BLANK ALPHABETIC CHARACTER.	
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
HCSR SUFFIX	SEE BELOW	
EDITED ELEMENT RELATIONSHIP		
2-025-02R THE HCSR SUFFIX MUST NOT CHANGE UPON RESUBMISSION OF AN INITIAL HCSR THAT WAS PART OF A CLAIM BREAKDOWN (MULTIPLE SUFFIXES) **UNLESS** THE HCSR IN THE INITIAL SUBMISSION WAS INVALID (OTHER THAN 'A' - 'Z'), **OR** THE HCSR INDICATOR DUPLICATED A HCSR ALREADY ON THE DATA BASE.		
2-025-03R ONE HCSR SUFFIX WITHIN INTERNAL CONTROL NUMBER MUST HAVE HCSR SUFFIX = 'A' UPON INITIAL SUBMISSION TO TMA **UNLESS**		
TYPE OF SUBMISSION =	A	ADJUSTMENT TO PRIOR HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA
	C	COMPLETE CANCELLATION PRIOR HCSR DATA
	E	COMPLETE CANCELLATION NON-HCSR DATA
	F	ADJUSTMENT TO PRIOR HCSR DATA, ADDITIONAL SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

ELEMENT NAME: PROGRAM INDICATOR (2-030)

VALIDITY EDITS

2-030-01 PROGRAM INDICATOR MUST BE 'D' (DRUG), **OR** 'H' (PROGRAM FOR PERSONS WITH DISABILITIES), **OR** 'I' (INSTITUTIONAL), **OR** 'N' (NON-INSTITUTIONAL), **OR** 'T' (DENTAL).

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	NONE		
	CONTRACTOR NUMBER[1]	SEE BELOW	CONTRACT NUMBER[1]

EDITED ELEMENT RELATIONSHIP

2-030-02R IF PROGRAM INDICATOR = 'T' (DENTAL)
THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR DENTAL CARE[2] ON THE CONTRACTOR DATABASE.

IF PROGRAM INDICATOR ≠ 'T' (DENTAL)
THIS CONTRACTOR AND CONTRACT MUST BE AUTHORIZED FOR MEDICAL CARE[3] ON THE CONTRACTOR DATABASE.

[1] **BATCH/VOUCHER HEADER INPUT RECORD AND CONTRACTOR DATABASE.**
[2] **DENTAL PROCEDURE CODE TERMINOLOGY TEXT.**
[3] **MEDICAL (CPT-4) PROCEDURE CODE TERMINOLOGY TEXT.**

ELEMENT NAME: DATE HCSR PROCESSED TO COMPLETION (2-035)

VALIDITY EDITS

2-035-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-035-02R	PERIOD END DATE	≤	
2-035-03R	PERIOD BEGIN DATE	≥	
2-015-02R	FILING DATE		
2-040-03R	DATE ADJUSTMENT IDENTIFIED		
2-310-04R	BEGIN DATE OF CARE		
2-315-04R	END DATE OF CARE		

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-040)		
VALIDITY EDITS		
2-040-01	MUST BE EITHER A VALID GREGORIAN DATE, **OR** ALL ZEROS.	

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
2-040-02R	TYPE OF SUBMISSION	SEE BELOW	
2-040-03R	DATE HCSR PROCESSED TO COMPLETION	SEE BELOW	TYPE OF SUBMISSION
2-040-04R	FILING DATE	SEE BELOW	TYPE OF SUBMISSION
2-310-05R	BEGIN DATE OF CARE		TYPE OF SUBMISSION
2-315-05R	END DATE OF CARE		TYPE OF SUBMISSION

EDITED ELEMENT RELATIONSHIP

2-040-02R	DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROES **WHEN**		
	TYPE OF SUBMISSION =	D	COMPLETE CONTRACTOR DENIAL
		I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT WITH 100% OHI/TPL
	DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE **WHEN**		
	TYPE OF SUBMISSION =	A	ADJUSTMENT
		C	COMPLETE CANCELLATION
		B	ADJUSTMENT TO NON-HCSR DATA
		E	CANCELLATION OF NON-HCSR DATA
		F	ADJUSTMENT HCSR NEW SUFFIX
2-040-03R	DATE ADJUSTMENT IDENTIFIED MUST BE: ≤DATE HCSR PROCESSED TO COMPLETION AND ≥ FILING DATE **WHEN**		
	TYPE OF SUBMISSION =	A	ADJUSTMENT **OR**
		C	COMPLETE CANCELLATION **OR**
		B	ADJUSTMENT TO NON-HCSR DATA **OR**
		E	CANCELLATION OF NON-HCSR DATA **OR**
		F	ADJUSTMENT HCSR NEW SUFFIX

ELEMENT NAME: SPONSOR SOCIAL SECURITY NUMBER (2-045)

VALIDITY EDITS

2-045-01 MUST BE 9 NUMERIC DIGITS (IF PRESENT) **OR** ALL BLANKS.
CANNOT BE ALL ZEROES **OR** ALL NINES.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
SPONSOR STATUS	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-045-02R IF SPONSOR STATUS 'T' (FOREIGN MILITARY)
SPONSOR SOCIAL SECURITY NUMBER MUST BE ALL BLANKS **OR** 9 NUMERIC DIGITS.
OTHERWISE, (FOR ANY OTHER SPONSOR STATUS)
SPONSOR SOCIAL SECURITY NUMBER **MUST BE** 9 NUMERIC DIGITS.

ELEMENT NAME: SPONSOR PAY GRADE (2-050)

VALIDITY EDITS

2-050-01 MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN CHAPTER 2.

RELATIONAL EDITS

RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
TYPE OF SUBMISSION	SEE BELOW	
SPONSOR STATUS	SEE BELOW	
SPONSOR BRANCH OF SERVICE	SEE BELOW	
PROGRAM INDICATOR	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-050-03R IF SPONSOR STATUS 'T' (FOREIGN MILITARY)
SPONSOR PAY GRADE MUST = '90' UNKNOWN (INCLUDING NATO), 41-58 GS1-GS18.

2-050-04R IF SPONSOR BRANCH OF SERVICE 'E' (PHS) **OR** 'I' (NOAA)
SPONSOR PAY GRADE MUST **NOT** BE = '01' - '09' (ENLISTED)

2-050-05R IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES)
SPONSOR PAY GRADE MUST BE '01 - 09' (ENLISTED), '11 - 15' (WARRANT OFFICER), **OR** '20 - 31' (OFFICER

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (2-055)		
VALIDITY EDITS		

2-055-01 MUST BE 'A', 'E', 'F', 'I', 'M', 'N', 'P', **OR** 'C' (SEE CHAPTER 2).

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
PROGRAM INDICATOR	SEE BELOW	
VOUCHER BRANCH OF SERVICE[1]		SEE BELOW

EDITED ELEMENT RELATIONSHIP		
2-055-03R IF VOUCHER BRANCH OF SERVICE =	01	ARMY **OR**
	02	AIR FORCE **OR**
	03	MARINE CORPS/NAVY **OR**
	21	ACTIVE DUTY ARMY (TPR) **OR**
	22	ACTIVE DUTY AIR FORCE (TPR) **OR**
	23	ACTIVE DUTY MARINE CORPS/NAVY (TPR) **OR**
	41	ARMY (COMPREHENSIVE CLINIC EVALUATION PROGRAM) **OR**
	42	AIR FORCE (COMPREHENSIVE CLINIC EVALUATION PROGRAM) **OR**
	43	MARINE CORPS/NAVY (COMPREHENSIVE CLINIC EVALUATION PROGRAM) **OR**
	71	ARMY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY **OR**
	72	AIR FORCE - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY **OR**
	73	MARINE CORPS/NAVY - DIRECT PAY, SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY **OR**
	A1	ARMY (SHCP - EMERGENCY) **OR**
	A2	AIR FORCE (SHCP - EMERGENCY) **OR**
	A3	MARINE CORPS/NAVY (SHCP - EMERGENCY) **OR**

[1] **BATCH/VOUCHER HEADER**

ELEMENT NAME:	**SPONSOR BRANCH OF SERVICE (2-055) (CONTINUED)**		
		B1	ARMY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) **OR**
		B2	AIR FORCE (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED) **OR**
		B3	MARINE CORPS/NAVY (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED)
		C1	ARMY - TRICARE SENIOR SUPPLEMENT **OR**
		C2	AIR FORCE - TRICARE SENIOR SUPPLEMENT **OR**
		C3	MARINE CORPS/NAVY - TRICARE SENIOR SUPPLEMENT **OR**
		D1	ARMY - PHARMACY REDESIGN PILOT PROGRAM **OR**
		D2	AIR FORCE - PHARMACY REDESIGN PILOT PROGRAM **OR**
		D3	MARINE CORPS/NAVY - PHARMACY REDESIGN PILOT PROGRAM **OR**
		P1	ARMY - TRICARE SENIOR PHARMACY **OR**
		P2	AIR FORCE - TRICARE SENIOR PHARMACY **OR**
		P3	MARINE CORPS/NAVY - TRICARE SENIOR PHARMACY **OR**
		Q1	ARMY - TRICARE FOR LIFE **OR**
		Q2	AIR FORCE - TRICARE FOR LIFE **OR**
		Q3	MARINE CORPS/NAVY - TRICARE FOR LIFE
	THEN SPONSOR BRANCH OF SERVICE MUST BE =	A	ARMY **OR**
		F	AIR FORCE **OR**
		M	MARINES **OR**
		N	NAVY
2-055-04R	IF VOUCHER BRANCH OF SERVICE =	05	NON-DOD - SPECIAL/EMERGENT CARE & ABUSED DEPENDENT OF DISCHARGED OR DISMISSED MEMBER, INDIVIDUAL CASE MANAGEMENT PROGRAM, CUSTODIAL CARE TRANSITIONAL POLICY **OR**
		25	ACTIVE DUTY - NON-DOD (TPR) **OR**
		45	NON-DOD - COMPREHENSIVE CLINICAL EVALUATION PROGRAM **OR**
		A5	NON-DOD - SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY **OR**
		B5	NON-DOD - SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED **OR**
		C5	NON-DOD - TRICARE SENIOR SUPPLEMENT **OR**

[1] **BATCH/VOUCHER HEADER**

ELEMENT NAME: SPONSOR BRANCH OF SERVICE (2-055) (CONTINUED)

		D5	NON-DOD - PHARMACY REDESIGN PILOT PROGRAM **OR**
		P5	NON-DOD - TRICARE SENIOR PHARMACY OR
		Q5	NON-DOD - TRICARE FOR LIFE
	THEN SPONSOR BRANCH OF SERVICE MUST =	E	PUBLIC HEALTH SERVICE **OR**
		I	NOAA **OR**
		P	COAST GUARD
2-055-05R	IF VOUCHER BRANCH OF SERVICE =	10	CONTINUED HEALTH CARE BENEFIT PROGRAM **OR**
		FA	TRICARE SENIOR PRIME DOVER AFB, DOVER, DE **OR**
		FB	TRICARE SENIOR PRIME KEESLER AFB, BILOXI, MS **OR**
		FC	TRICARE SENIOR PRIME BROOKE ARMY MEDICAL CENTER, SAN ANTONIO, TX **OR**
		FD	TRICARE SENIOR PRIME WILFORD HALL MEDICAL CENTER, SAN ANTONIO, TX **OR**
		FE	TRICARE SENIOR PRIME FT. SILL, OK **OR**
		FF	TRICARE SENIOR PRIME SHEPPARD AFB, WICHITA FALLS, TX **OR**
		FG	TRICARE SENIOR PRIME FORT CARSON, COLORADO SPRINGS, CO **OR**
		FH	TRICARE SENIOR PRIME AIR FORCE ACADEMY, COLORADO SPRINGS, CO **OR**
		FJ	TRICARE SENIOR PRIME NAVAL MEDICAL CENTER SAN DIEGO, SAN DIEGO, CA **OR**
		FK	TRICARE SENIOR PRIME MADIGAN ARMY MEDICAL CENTER, FORT LEWIS, WA
	THEN SPONSOR BRANCH OF SERVICE =	A	ARMY **OR**
		F	AIR FORCE **OR**
		M	MARINES **OR**
		N	NAVY **OR**
		E	PUBLIC HEALTH SERVICE **OR**

[1] BATCH/VOUCHER HEADER

ELEMENT NAME:	SPONSOR BRANCH OF SERVICE (2-055) (CONTINUED)		
		I	NOAA **OR**
		P	COAST GUARD
2-055-06R	IF VOUCHER BRANCH OF SERVICE =	26	ARMY - NATIONAL GUARD (TPR) **OR**
		A6	ARMY - NATIONAL GUARD (SUPPLEMENTAL HEALTH CARE PROGRAM - EMERGENCY) **OR**
		B6	ARMY - NATIONAL GUARD (SUPPLEMENTAL HEALTH CARE PROGRAM - MTF REFERRED)
	THEN SPONSOR BRANCH OF SERVICE MUST BE =	A	ARMY
	AND SPONSOR STATUS =	N	NATIONAL GUARD
[1] **BATCH/VOUCHER HEADER**			

ELEMENT NAME: SPONSOR STATUS (2-065)		
VALIDITY EDITS		
2-065-01	MUST BE ANY VALUE LISTED FOR THIS ELEMENT IN CHAPTER 2.	
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
	TYPE OF SUBMISSION	SEE BELOW
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW
	DEERS DEPENDENT SUFFIX	SEE BELOW
	PROGRAM INDICATOR	SEE BELOW
	SPONSOR BRANCH OF SERVICE	SEE BELOW
	PLACE OF SERVICE	SEE BELOW
	TYPE OF SERVICE	SEE BELOW
	NAS EXCEPTION REASON	SEE BELOW
2-202-22R	SPECIAL PROCESSING CODE	PATIENT RELATIONSHIP TO SPONSOR

EDITED ELEMENT RELATIONSHIP	
2-065-03R	IF PATIENT RELATIONSHIP TO SPONSOR 'ʋ' (SPONSOR) SPONSOR STATUS MUST **NOT** BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', **OR** 'ST'.
2-065-04R	IF DEERS DEPENDENT SUFFIX '20' (SPONSOR) SPONSOR STATUS MUST **NOT** BE ANY VALUE LISTED UNDER ACTIVE UNLESS ENROLLMENT STATUS = 'Y', 'W', 'X', 'AA', 'SN', 'SO', 'SR', **OR** 'ST'.
2-065-05R	IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE, TAMP DESIGNEE EXCEPT FOR 'T' (FOREIGN MILITARY).
2-065-07R	IF ANY OCCURRENCE OF OVERRIDE CODE 'J' (SUCCESSIVE ADMISSION PATIENT IS FAMILY MEMBER OF ACTIVE DUTY SPONSOR AND COST SHARE IS BASED ON BOTH CURRENT AND PRIOR ADMISSION) SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE.
2-065-08R	IF PLACE OF SERVICE = 21 INPATIENT HOSPITAL 56 RESIDENTIAL TREATMENT CENTER SPONSOR STATUS MUST **NOT** = 'T' (FOREIGN MILITARY).
2-065-11R	IF FIRST BYTE OF TYPE OF SERVICE 'A' (AMBULATORY SURGERY COST-SHARED AS INPATIENT) **THEN** SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER ACTIVE OR TAMP DESIGNEE.
2-065-13R	IF SECOND BYTE OF TYPE OF SERVICE 'C' (AMBULATORY SURGERY) SPONSOR STATUS MUST BE ANY VALUE LISTED UNDER RETIRED **OR** DECEASED.

ELEMENT NAME:	PATIENT RELATIONSHIP TO SPONSOR (2-070)		
VALIDITY EDITS			
2-070-01	MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN CHAPTER 2.		

RELATIONAL EDITS

	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	TYPE OF SUBMISSION	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
	DEERS DEPENDENT SUFFIX	SEE BELOW	
2-065-03R	SPONSOR STATUS	SEE BELOW	
	PROGRAM INDICATOR	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	
	TYPE OF SERVICE	SEE BELOW	
	NAS EXCEPTION REASON	SEE BELOW	
2-202-22R	SPECIAL PROCESSING CODE		SPONSOR STATUS

EDITED ELEMENT RELATIONSHIP

2-070-03R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 17 PATIENT RELATIONSHIP MUST ≠ 'b̸' (SPONSOR)		
2-070-05R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 12		
	PATIENT RELATIONSHIP MUST ≠	S	SPOUSE
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.		
	IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 34		
	PATIENT RELATIONSHIP MUST ≠	T	UNREMARRIED FORMER SPOUSE
		H	UNMARRIED FORMER SPOUSE
		R	UNREMARRIED FORMER SPOUSE
		Y	UNREMARRIED FORMER SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'I'.		
2-070-06R	IF DEERS DEPENDENT SUFFIX = '20' (SPONSOR) PATIENT RELATIONSHIP MUST BE ='b̸'		
	IF DEERS DEPENDENT SUFFIX = '01 - 19' (CHILD)		

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.**

ELEMENT NAME:	PATIENT RELATIONSHIP TO SPONSOR (2-070) (CONTINUED)		

	PATIENT RELATIONSHIP MUST BE =	C	CHILD **OR**
		V	STEPCHILD **OR**
		W	WARD OF COURT
	IF DEERS DEPENDENT SUFFIX = '30 - 39' (SPOUSE)		
	PATIENT RELATIONSHIP MUST BE =	S	SPOUSE
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
		H	UNMARRIED FORMER SPOUSE
		R	UNREMARRIED FORMER SPOUSE
		T	UNREMARRIED FORMER SPOUSE
		Y	UNREMARRIED FORMER SPOUSE
	UNLESS ENROLLMENT STATUS = 'PS' (TRICARE SENIOR PHARMACY) **THEN** BYPASS THIS ENTIRE EDIT.		
2-070-07R	IF SPONSOR STATUS =	T	FOREIGN MILITARY
	PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C	CHILD
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
		S	SPOUSE
		V	STEPCHILD
2-070-08R	IF PROGRAM INDICATOR =	H	PROGRAM FOR PERSONS WITH DISABILITIES
	PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C	CHILD
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)
		S	SPOUSE
		V	STEPCHILD
2-070-12R	IF FIRST BYTE OF TYPE OF SERVICE =	A	AMBULATORY SURGERY COST-SHARED AS INPATIENT
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST BE =	C	CHILD
		F	UNREMARRIED WIDOW(ER)
		G	UNMARRIED WIDOW(ER)

[1] **PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.**

ELEMENT NAME:	PATIENT RELATIONSHIP TO SPONSOR (2-070) (CONTINUED)		
		S	SPOUSE
		T	UNREMARRIED FORMER SPOUSE
		V	STEPCHILD
		X	OTHER
		H	UNMARRIED FORMER SPOUSE
		R	UNREMARRIED FORMER SPOUSE
		Y	UNREMARRIED FORMER SPOUSE
		W	WARD OF COURT
		∅	SPONSOR
	UNLESS SPECIAL PROCESSING CODE =	SC	SUPPLEMENTAL HEALTH CARE PROGRAM - NON-TRICARE ELIGIBLE
2-070-13R	IF NAS EXCEPTION REASON = 'A' (ROUTINE NEWBORN CARE) PATIENT RELATIONSHIP MUST BE = 'C' (CHILD)		
2-070-14R	IF SPONSOR STATUS =	H	MEDAL OF HONOR
	THEN PATIENT RELATIONSHIP TO SPONSOR MUST =	∅	SPONSOR **OR**
		C	CHILD **OR**
		F	UNREMARRIED WIDOW(ER) **OR**
		S	SPOUSE **OR**
		V	STEPCHILD

[1] PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME:	PATIENT NAME (2-075)

VALIDITY EDITS	
2-075-01	MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED) FOLLOWED BY A COMMA.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
NONE		

ELEMENT NAME: PATIENT SSN (2-080)

VALIDITY EDITS

2-080-01 MUST BE 9 NUMERIC DIGITS (IF PRESENT) **OR ALL BLANKS**.
CANNOT BE ALL ZEROES **OR** ALL NINES.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
NONE		

ELEMENT NAME: PATIENT DATE OF BIRTH (2-085)

VALIDITY EDITS

2-085-01 MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-085-02R SYSTEM RUN DATE	MUST BE 125 **OR** LESS YEARS PRIOR TO RUN DATE	
2-085-03R BEGIN DATE OF CARE	≤ EARLIEST DETAIL	
2-255-05R PRINCIPAL TREATMENT DIAGNOSIS	USE ICD-9-CM TAPE	
SECONDARY TREATMENT DIAGNOSIS[1]	USE ICD-9-CM TAPE	
2-290-07R PROCEDURE CODE		
NAS EXCEPTION REASON	SEE BELOW	

EDITED ELEMENT RELATIONSHIP

2-085-07R IF NAS EXCEPTION REASON = 'A'
PATIENT DATE OF BIRTH MUST INDICATE NEWBORN (PATIENT DOB CANNOT BE MORE THAN FIVE DAYS BEFORE THE EARLIEST BEGIN DATE OF CARE).

[1] **SEE 2-255-05R, 2-260-05R, 2-265-05R, 2-270-05R, AND 2-275-05R.**

ELEMENT NAME:	DEERS DEPENDENT SUFFIX (2-090)		

VALIDITY EDITS			
2-090-01	MUST BE ONE OF THE VALUES LISTED FOR THIS ELEMENT IN CHAPTER 2.		

RELATIONAL EDITS			
	RELATED TO ELEMENT	EDITED ELEMENT RELATIONSHIP	ALSO RELATES TO ELEMENT(S)
	TYPE OF SUBMISSION	SEE BELOW	
	PATIENT DATE OF BIRTH	SEE BELOW	OVERRIDE CODE, SPONSOR BRANCH OF SERVICE
	PATIENT RELATIONSHIP TO SPONSOR	SEE BELOW	
2-065-04R	SPONSOR STATUS		
	PROGRAM INDICATOR	SEE BELOW	
	SPONSOR BRANCH OF SERVICE	SEE BELOW	

EDITED ELEMENT RELATIONSHIP	
2-090-03R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 17 DEERS DEPENDENT SUFFIX ≠ '20' (SPONSOR)

2-090-05R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] < 12
	    DEERS DEPENDENT SUFFIX MUST NOT BE = '30' - '39' (SPOUSE)
	    UNLESS ONE OCCURRENCE OF OVERRIDE CODE = 'B'.

2-090-06R	DEERS DEPENDENT SUFFIX MUST ='20' (SPONSOR) IF PATIENT RELATIONSHIP = 'b́' DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) **OR** '70 - 75' (UNKNOWN) IF PATIENT RELATIONSHIP = 'C, V'

	DEERS DEPENDENT SUFFIX MUST = '30' - '39' (SPOUSE)
	    IF PATIENT RELATIONSHIP = 'S', 'F', **OR** 'G',
	    UNLESS TYPE OF SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL) THEN DEERS
	    DEPENDENT SUFFIX CAN = '70' - '74' (UNKNOWN).

	DEERS DEPENDENT SUFFIX MUST BE '30 - 39' (SPOUSE) **OR** '60 - 69' (OTHER ELIGIBLE FAMILY MEMBERS) IF PATIENT RELATIONSHIP = 'T', 'H', 'R', 'W', 'V' **OR** 'Y' (FORMER SPOUSE).
2-090-07R	IF SPONSOR STATUS 'T' (FOREIGN MILITARY) DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) **OR** '30 - 39' (SPOUSE)
2-090-08R	IF PROGRAM INDICATOR 'H' (PROGRAM FOR PERSONS WITH DISABILITIES) DEERS DEPENDENT SUFFIX MUST BE '01 - 19' (CHILDREN) **OR** '30 - 39' (SPOUSE)

2-090-10R	IF PATIENT DATE OF BIRTH INDICATES AGE[1] > 2 YRS
	    DEERS DEPENDENT SUFFIX MUST NOT = '70' - '74' (UNKNOWN) **UNLESS** TYPE OF
	    SUBMISSION = 'D' (COMPLETE CONTRACTOR DENIAL).

[1] PATIENT AGE IS CALCULATED BASED ON DATE OF BIRTH AND CARE DATES. OVERRIDE MUST BE CODED IF AGE MEETS EDIT CRITERIA AT <u>ANY</u> TIME SPANNING FROM EARLIEST BEGIN DATE OF CARE TO LATEST END DATE OF CARE.

ELEMENT NAME: PATIENT SEX (2-095)		
VALIDITY EDITS		
2-095-01 MUST BE 'M' OR 'F'.		
RELATIONAL EDITS		
RELATED TO ELEMENT	**EDITED ELEMENT RELATIONSHIP**	**ALSO RELATES TO ELEMENT(S)**
2-255-04R PRINCIPAL TREATMENT DIAGNOSIS		
[1] SECONDARY TREATMENT DIAGNOSIS		
2-290-06R PROCEDURE CODE		OVERRIDE CODE
[1] **SEE EDIT CODES 2-260-04R, 2-265-04R, 2-270-04R AND 2-275-04R.**		